

FEDERAL EMERGENCY MANAGEMENT AGENCY MATERIALS SUMMARY RECORD						Page _____ of _____	
1. APPLICANT		2. PA ID		3. PW #		4. DISASTER NUMBER	
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to	
8. DESCRIPTION OF WORK PERFORMED							
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)
							INVOICE
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>
<b>GRAND TOTAL</b>				\$			
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.							
CERTIFIED		TITLE				DATE	